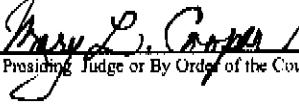


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE 0312	2. PERSON REPRESENTED SHERMAN Houser		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR07-525-03(MLC)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. PACK, et al	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE: PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21:846, 841(a)(1)&(b)(1)(B)(i) CONSPIRACY TO DISTRIBUTE HEROIN (1/11/07)(1s) 21:841(a)(1)&(b)(1)(B)(i) and 18:2 POSSESS W/INTENT TO DISTRIBUTE HEROIN (1/29/07)(2s)				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Hal K. Haveson, Esq., Haveson & Otis 194 Nassau St Princeton, NJ 08542	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney		<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel	
Telephone _____ 609-921-0090	Prior Attorney's _____ Bruce Throckmorton, Esq. Appointment _____ 7/3/09-3/23/09 x Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR  Signature of Presiding Judge or By Order of the Court			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per	March 23, 2009 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR - \$)) TOTALS:					
Out of Court	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR - \$)) TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

GRAND TOTALS (CLAIMED AND ADJUSTED)

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____	<input type="checkbox"/> Supplemental Payment	
Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
I swear or affirm the truth or correctness of the above statements.		
Signature of Attorney _____		Date _____

APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE